



BAHIR DAR UNIVERSITY
COLLEGE OF MEDICINE AND HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH
DEPARTMENT OF REPRODUCTIVE HEALTH
ATTITUDE TOWARDS REPRODUCTIVE HEALTH SERVICES
AND ITS ASSOCIATE FACTORS AMONG
STUDENTS OF BEGG MIDIR TEACHER'S COLLEGE IN
SOUTH GONDAR ZONE IN AMHARA REGION,
NORTH CENTRAL ETHIOPIA 2020.

BY: ENDALKACHEW ASFAW

**A THESIS RESEARCH SUBMITTED TO THE DEPARTMENT OF
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BAHIR DAR UNIVERSITY, ETHIOPIA

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REGION,NORTHCENTRALETHIOPIA2020.**

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Abstract

Background: Reproductive health services are vital for maternal and child health, but universal health coverage is still not within reach in most societies including Ethiopia. A positive attitude is vital for behavioral change to occur. In spite of the commitments made in the reproductive health programs young people still remain poorly understood and inadequately served.

Objective: Attitude Towards Reproductive Health Services and Associated Factors among Students of Beggmidir Teachers College in South Gondar Zone In Amhara Region, North central Ethiopia 2019.

Method: Institution based cross-sectional study was carried out among Students in Beggmidir Teachers College. The total sample size was 411 and a total population of 4589 from October to December 2019. Using simple random sampling techniques were employed to select study subjects. The data was collected with two Teachers out of the these Collage by using structured self administration questionnaire. The data were entered into Epee-info version 7 and further analysis made by SPSS version 23. Both bivariate and multiple-variable binary logistic regression was computed. The adjusted odds ratio was calculated to predict the association factor to attitude towards reproductive health services with a 95% confidence interval. A p-value <0.05 was used to declare statistical significance.

Result: . The level of favorable attitude towards reproductive health services was 40.8% (95% CI (36.2, 45.4)). From all, only 240(61.2 %) had good knowledge on the reproductive health services Students who had discussion -related to reproductive health (AOR: 6.09, 95% CI (1.84, 20.17)), use of reproductive health services (AOR: 3.26, 95% CI (1.22, 8.75)), and had good knowledge about reproductive health services (AOR: 0.17, 95% CI (0.09, 0.33)) were associated with favorable attitude towards reproductive health services.

Conclusion and recommendation: The level of favorable attitude towards reproductive health services among College Students was lower than the mean. The factors of having a favorable attitude were the use and knowledge of reproductive health services, and Student's discussion with family, so stake holders adebocators who are working on these agendas shall adding the interaction between family and students strengthen the service more and more.

Key word: Attitude, Reproductive health services, knowledge, students, Ethiopia

List of Acronyms and Abbreviations

ASRH	Adolescent sexual reproductive health
AIDS	Acquired Immune Deficiency Syndrome
AYRH	Adolescent young reproductive health
SD	standard division
FMOH	Federal Ministry of Health
HIV	Human Immune virus
IPH	Institute of Public Health
KAP	Knowledge attitude and practice
PI	Principal Investigator
RHS	Reproductive Health Services
STI	Sexually Transmitted Infection
VTC	Voluntary Test and counseling
WHO	World Health organization
YFS	Youth Friendly Service

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1. Introduction

1.1. Background

Reproductive health services are vital for maternal and child health, but universal health coverage is still not within reach in most societies. Ethiopia's goal of universal health coverage promises access to all necessary services for everyone while providing protection against financial risk. When moving towards universal health coverage, health plans and policies require contextualized knowledge about baseline indicators and their distributions(1).

Young people lack the confidence and skill to plan ahead for contraceptive needs. In addition, their need for Reproductive Health (RH) services should be communicated in a way that is relevant to their lives(2).

Shreds of evidence showed that there is a disparity in attitude and knowledge between young and adults. Helping these young people to gain skill, knowledge and develop a positive attitude is around RH services is critical to the acceptability of the services (3).

The 2030 agenda for sustainable development contains a number of a target for reproductive health specifically target 3.7 and target 5.6. Meeting those goals will facilitate the achievements of other goals including goals related to poverty, gender equality and health education (4).

Ethiopian youths living in rural areas confronted many sexual problems. The sexual experience begins at an early age. Access to education and health services is limited Moreover poverty, low education status and social status of women aggravate the situation (5). Young people in Ethiopia are disadvantaged relative to older people to access information and services of RH (6).

Reproductive health services needed to be approachable, non-judgmental and non-discriminatory and health providers need to be trained in providing youth-friendly services. It has been claimed that based on the social and cultural context, comprehensive health education is vital to maximizing the knowledge and skill of young people about their sexual and social relationships (7).

1.2. Statement of the problem

Now days youth faced a growing problem with their sexual health. Worldwide, every year 12 million girls are married before the age of 20(8). Women who are young when they have a first child may suffer complications during pregnancy and birth (4). Globally 50 million young people have an unmet need for contraceptive and 7.4 million young girls sustain unplanned pregnancy (9).

Due to the host biological, social and economic factors, young women are at risk of untended pregnancy, unsafe abortion, HIV and STIs (10). There are 3.9 million youths aged 15-24 living with HIV in the world in 2017 of which young women bear a disproportionate burden of new infection accounting 58%(11). Statistics showed that 38% of girls 19 or younger in sub-Saharan Africa have first sexual intercourse outside of marriage and about 30% of young girls (15-19) in sub-Saharan Africa were married (12).

Of the 20 million unsafe abortions each year, 19 million are estimated to occur in sub-Saharan Africa. Rate of unsafe abortion is highest in young women with 60% occurred in Africa. The burden of untended pregnancy affects poor young women (13). Between 2010 to 2015 the proportion of new HIV infection is highest among young women and men (10-24 years old) (14).

In developing countries, unmarried young's faces a great barrier to RH information and services due to social norms like sexual activity outside marriage, particularly for girls. In Latin America and sub-Saharan Africa, almost half of the sexually active unmarried girls have an unmet need for contraceptives(15).

There are many reasons for poor attitude among young's about RH services and FP like lack of responsiveness of curricula through educational programs on the needs of young people in the areas of life skills, reproductive health, and family life. On the other hand, there exists a weakness of media like TV and radio targeting young peoples and even the contents of the message on RH information far beyond the expected status (16).

Parents are the first teacher to influence their children to be good members of society. Young people who had got information will have a good attitude toward sexual matters and RH services. In addition to this, peers also play a great role in influencing the attitudes of young girls and boys on risky sexual behavior. Young people usually began to distance themselves from

families and start to depend on their peers about the information on sexual issues which contributes to the negative attitude and misconception concerning RH services (17).

It has been accepted that programs that influence the knowledge of young people to RH do not necessarily bring behavioral changes. A positive attitude is vital for behavioral change to occur. Bringing appropriate change in behavior is complicated matters which require multi-faceted assessment and interventions which demand considering the local context(15).

Ethiopia's is one of the countries with the largest population in Africa and the young which accounts 53.4%. Teenage pregnancy was 17% and an estimated 500000 pregnancy ends with abortion (5). Here, 13% of young girls have begun childbearing (18). The contributing factors for increased risk of RH problems among young people are lack of access to health services, poor attitude, and knowledge on RH services, early marriage and sexual violence (19).

As stated by different scholars, more than 50% of the youths were had poor attitude towards RHSs which affects the highest proportion of the population (20). So, attitude towards RH services and existence significantly influence the utilization of the services. This calls for a stakeholder to create an opportunity for this crucial information to young people (21). In other cases even if youths do have knowledge about RH service, their attitudes far behind the expected level calling stakeholders to see beyond information (22). Besides, sexual issues are not addressed both at home and at school and sex is seen scared in most communities (23).

In Ethiopia, Mass media are found as the main source of information concerning RH awareness and knowledge. The role of health professionals and families as a source of information is significantly low (24). Moreover, youth communicate with peers than with their parents and taboos, feel of ashamed and culture affects parents-young communication on sexual matters (25).

Ethiopian Minister of Health (FMOH) with other partners launched youth-friendly services (YFS) into the health system in 2005. The program focus was beyond facility-level fostering peer to peer comprehensive sexual reproductive health and life skill counseling (26).

Inspire of the commitments made in the program, sexual and reproductive health needs of young people still remain poorly understood and inadequately served. In order to institute the contextual reproductive health program into the health system to develop a positive attitude, understanding the attitude of the different portions of young people critical. More research is needed to augment attitudes and knowledge of adolescents' to RH services and the factors that motivate or deter

them from accessing RH services. Youth need scientific information to develop behavioral change and a positive attitude about RH services. This study, therefore, will fill the gap by giving additional information on the attitude of students towards RH services and its associated factors in the study area in order to reduce the consequence secondary to this issue since there is no study in the area.

1.3. Significance of the study

Youth suffer from reproductive health problems arising from early marriage, unwanted pregnancy, unsafe abortion, and sexually transmitted diseases including HIV partly explained by the poor attitude to RH services. This problem affects mostly young girls and boys with low socioeconomic status and those in Colleges and Universities. Young girls and boys in Colleges and Universities are usually far from home without parental supervision and become free to experiment with sex. Coupled with a poor attitude and lack of knowledge about RH services, they may end up with many RH problems which lead to short and long term consequences like school dropout and unemployment which ultimately leads economical dependency. Besides this, young people are less informs and less conformable in accessing RH services.

Many studies suggest attracting young women and men to RH services is a challenging task which demands by large promoting health-seeking behavior and developing a positive attitude. There are many factors contributing to the low utilization of RH services among young people. Among this poor attitude, lack of knowledge, poor service quality, and socio-cultural factors are identified as the key factors. Even if there is a well-known theory regarding to attitude and utilization of services, conducting this research is very important to understand the context and influencing factors to have better outcome under evidence and context-based interventions.

In addition, studying the attitude of young girls to RH services and associated factor is required to design appropriate intervention in Beggimder Teacher College like establishing RH clubs and delivering health information based on the finding. This study will be used as baseline information for further study.

2. Literature review

2.1. Attitude towards reproductive health services

A study on teenage pregnancy in Ghana stated that young girls have a poor attitude towards family planning except for condoms and boys responsible for buying condoms (27). A study in Zimbabwe showed that the majority of youth participant feels that condom has a negative effect on sexual desire. In this study, 86% of young girls believed that pills cause infertility and 78% of them responded that modern family planning methods cause a deformity in babies and 72% of them believed that contraceptives cause menstrual disruption (28).

The majority of the Student in College and University are sexually active and hence there is a need to increase their awareness and develop a positive attitude to minimize risk RH problems. A study in Gondar, Ethiopia on long-acting contraceptive showed having a negative attitude towards implants were significantly associated with utilization of long-acting reversible contraceptive method (29).

Another study conducted in MizanTepi University Students revealed that more than half of the Students had a poor attitude towards RH services (30). In another study in Nekemet High School Students, Ethiopia showed that only half of the students have a good attitude to SRH services (31). Contrary to this finding, a study done on a College Student in Tan Haik College in Amhara, Ethiopia revealed that the majority of young Students had a favorable attitude towards reproductive health(32). This is further supported by a similar study in Jimma town in Ethiopia in which youth participants had a moderately favorable attitude towards utilizing SRH services (24).

2.2. Factors affecting attitude towards reproductive health services

2.2.1. Knowledge Associated with reproductive health services

A study in Colombia showed that young girls who had knowledge of contraceptives are more likely to have a positive attitude use of a condom when engaged in sexual activity (33).

A study in Vietnam on College Students showed that knowledge and attitude of Students on contraceptive use were significantly low due to the perceived side effects, while the number of misconceptions is high. It was also stated that those who had knowledge of contraceptives had a positive attitude towards utilization (34). Contrary to this a study in Niger Delta showed that there was no significant association between the level of knowledge and attitude of youth girls towards emergency contraceptive pill. This means attitude and Emergency Contraceptive pills use is not influenced by knowledge of youth (35).

A study done on a College Student in Tan Haik College in Amhara, Ethiopia revealed that the Students who had participate in reproductive health clubs was more likely to have a positive attitude to RH services(32).

A study in Egypt Alexandria stated that youth was the use of family planning was more likely to have a positive attitude to RH services (36).

A study in Harare, Ethiopia on emergency contraceptive knowledge and attitude showed that among those who had information on emergency contraceptive, 71% had a positive attitude toward contraceptive use (37). A similar study done on emergency contraceptives among Adam University Students in Ethiopia showed that poor knowledge and attitude were significant predictors of non-use of emergency contraceptives (38)

2.2.2. Socio-demographic characteristics.

A study in Thailand stated that parents' educational level and discussion with parents were found important for the participant to develop a positive attitude to RH services (17). A study in Iraq showed that young girls attitude toward family planning was positively significant associated with age, marital status, place of residence of students and educational level mothers (39). A study in Iran stated that culture and Orthodox and Muslim religious aspects influence negatively significant girls' knowledge and attitude on RH services and matters (40). This is supported by the study in India among participant students which stated that young girls were aware of the importance of family planning but family, religion and culture negatively influenced their attitude to the RH services use (41).

A study done among College Students in Malaysia showed age, Muslim religion and year of study were not found positively significantly associated with the attitude towards RH services whereas marital status did positively significantly associated (42). Another study done in Nicaragua showed that being single was found significant negative determinants of attitude to RH services(43).

A study done in East Gojjiam Zone in the Amhara region outlined that late adolescent (15- 19) were positively associated with the attitude towards RH services. In addition, it stated that youth living with grandparents and adolescents from rich families were more likely to have a positive attitude regarding RH services' (44).

A study done on high school students in Dirdawa, Ethiopia suggested that cultural issues, taboos, and lack of communication skills hinders communication with parents about adolescent sexual matters and hence had a poor attitude (45).A study was done in Nekemet High schoolstudents, Ethiopia also showed that Muslim religion and culture views were contributed to poor attitude and barriers for up-taking RH services(31). A study on Adam University students stated that students who were married had a favorable attitude to emergency contraceptives than their

counterparts (38). A study in Jimma, Ethiopia showed that the age of girls was positively associated with attitude to RH services utilization (46).

2.2.3. Discussion of Reproductive Health Services issues.

A study in Niger Delta showed Parents' attitudes and peers were identified by the youth girls who had negatively influenced their attitude concerning Emergency contraceptive pills (35). Another study on female College Students in Bengaluru, India on attitude toward RH showed that the majority of young girls and boys preferred discussion about RH issues with their parents and they believed that condoms should be used before marriage (46).

A study on parental perspective in Peru showed that poor attitude and lack of knowledge about RH issues of parents were negatively significant barriers to parent-youth participant discussion on contraceptive issues and prevent them from using the services (47). A study done in Zimbabwe showed that youth had no adequate access to RH information and had not discussed at home and at school and hence they had a poor attitude to RH services (23).

Study on the parent-youth participant discussion in Harare, Ethiopia showed that the positive attitude of RH services among adolescents was positively significantly higher among parents who had completed formal education. And it also showed that most adolescents prefer to discuss RH matters with peers than with their parents considering it as embarrassing (48).

2.2.4. Media

Studies in China suggested that media had a positive significant association with youth sex-related knowledge and had a permissive attitude towards their sexual behavior (49). A Study in Bangladesh underlined that exposure to mass media has a positively significant role in the attitude of young girls to family planning utilization (50).

A study in Nigeria on predictors of SRH services established that access to media positively significant affects the attitude of youth participants towards RH services utilization (51). A study in Ghana showed that the majority of youth participates became aware of SRH information from peers (52). A study in Jimma, Ethiopia showed that news-paper as the source of information has a positive association with attitude on RH service.

3. Conceptual Framework

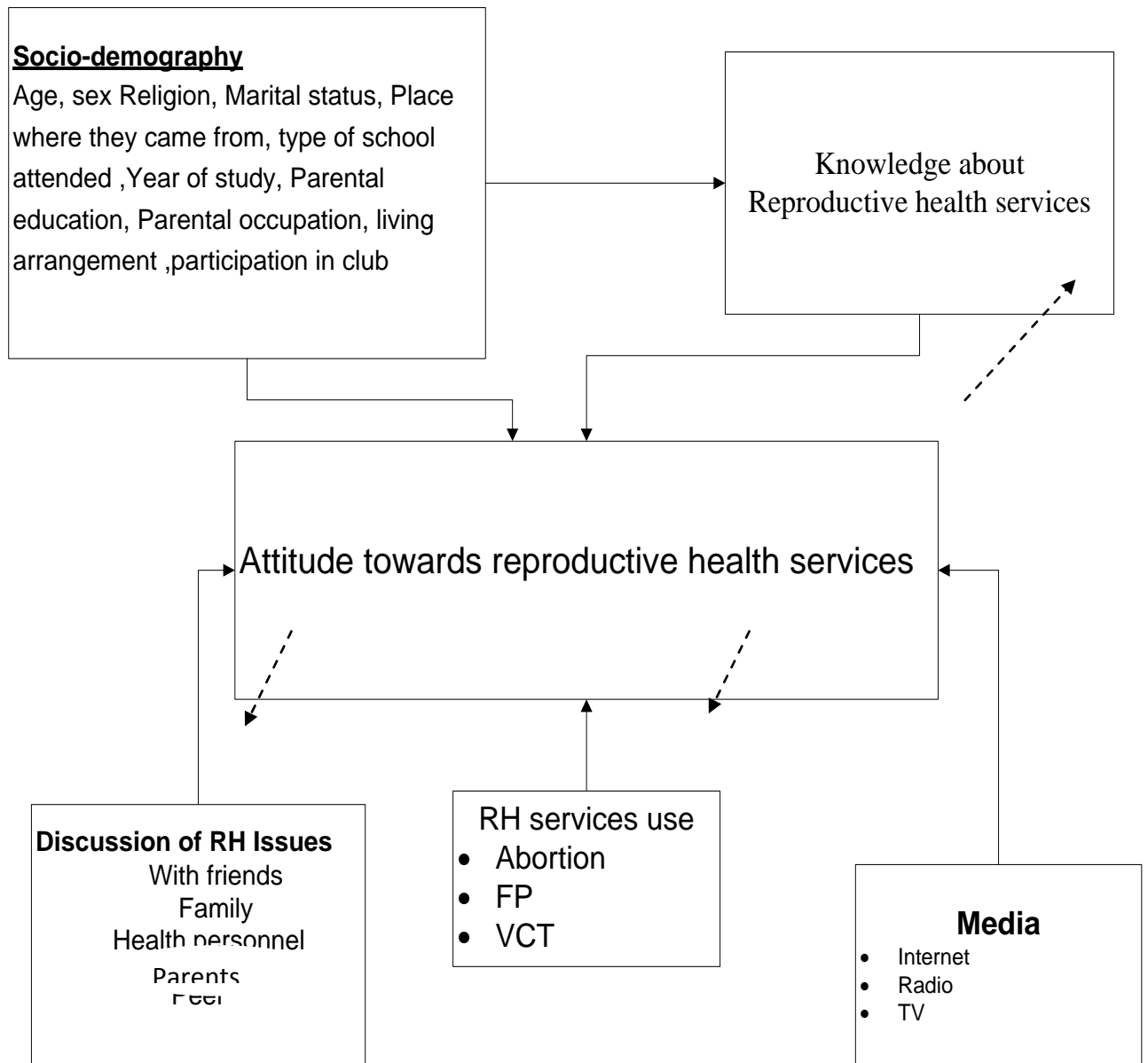


Figure 1 Conceptual framework to assess the level of attitude in Beggimider teachers college students in North central Ethiopia, 2019.

(Source: Customized from Muntean et al. Addressing the Sexual and Reproductive Health Needs of Young People in Ethiopia: An Analysis of the Current Situation) (2)

4. Objectives

4.1. General objective:

To assess the level of attitudes towards reproductive health services and associated factors among Students of Beggmidir Teachers College in South Gondar Zone in the Amhara region of Ethiopia in 2019

4.2. Specific objectives

1. To determine the level of attitude towards reproductive health services among students of Beggmidir Teachers College.
2. To identify associated factor of attitude towards reproductive health services among students Beggmidir Teachers College.

5. Methods and Materials

5.1. Study setting

This study was conducted in the Beggmidir Teachers College. The College is found in Deber Tabor Town, South Gondar Administrative Zone, and Amhara Region. Debar Tabor town is located 102km from Bahirdar. It has 6 Keble's with a total population of 60,623. The Collage started to function from 2009 on Currently, it has six departments with 4589 students.

5.2. Study design and period

The institution-based cross-sectional study was employed from October to December 2019.

5.3. Population

5.3.1. Source population

All Students in Beggmidir Teachers College

5.3.2. Study population

All Students in Beggmidir Teachers College in the study period

5.4. Eligibility criteria

5.5.1. Inclusion criteria

All Students who were currently attending their education in Beggmidir Teachers College

5.5.2. Exclusion criteria

Students in Beggmidir Teachers College who were referred for medical cases and leave the campus due to disciplinary measures, acecedetaly seriously ill during data collection were excluded.

5.6. Sample size determination

The sample size was determined by using a single population proportion formula. During calculation, we assumed:

- 42% proportion of Students who have a positive attitude on reproductive health services from the study conducted in MizanTepi University (30),
- 5% of tolerated marginal error of the true population proportion
- 95% confidence level and
- 10% none response rate

$$n = \frac{z_{\alpha/2}(P)(1 - P)}{d^2}$$

Where:

n = sample size

P = proportion of Students 'attitude towards RH services

d = marginal error

z = confidence level

then calculated as follows:

$$n_o = \frac{1.96^2 \times 0.42 \times 0.58}{0.05^2}$$

$$n_o = \underline{\underline{374}}$$

Where

T_n = Total sample size

n_o = determined sample size

N= total Students in the College

$T_n = n_f + 10\%$ non-response rate

$$\underline{\underline{T_n = 411}}$$

To assure the adequacy of sample size the higher number should be selected which was 374 and by adding none response rate the final sample size was 411 youths.

Table—1;Sample size determination for prevalence and factors associated with RHS among students of Beggmidir teachers college in South Gondar Zone in the Amhara region of Ethiopia in 2019.

Prevalence and factors	P(%)	Power	N	CI	AOR
Students knowledge	35	80	46	95%	1.96
Discussed on RH service	50	80	30	95%	3.65
History of using RHS	17	80	106	95%	1.67
Participation of RH club	28	80	60	95%	1.4
Residence area	36	80	41	95%	0.96

NB; P=I proportion of attitude towards RHS.

N=number of students of RHS(32)

CI=Confidence Interval

5.7. Sampling procedure

Currently, a total of 4589 Students were attending their education. Following the sample size determination, Students were selected based on the level of year into first, second and third year. Then, the sample was allocated proportionally to each year of study based on the number of Students. The sampling frame was prepared after obtaining the list of active Students from the College registrar based on their given serial number (list of all Students by study year). Finally, a simple random sampling technique was used to select study participants by using the computer generated random sampling method after excluding Students who were referred for medical cases and on disciplinary measures. On the day of data collection, the selected Students were asked to stay in the class while the others leave the class. After that, the Students were asked to participate in the study after detail information on the purpose of the study and consent to participate.

Sampling procedure

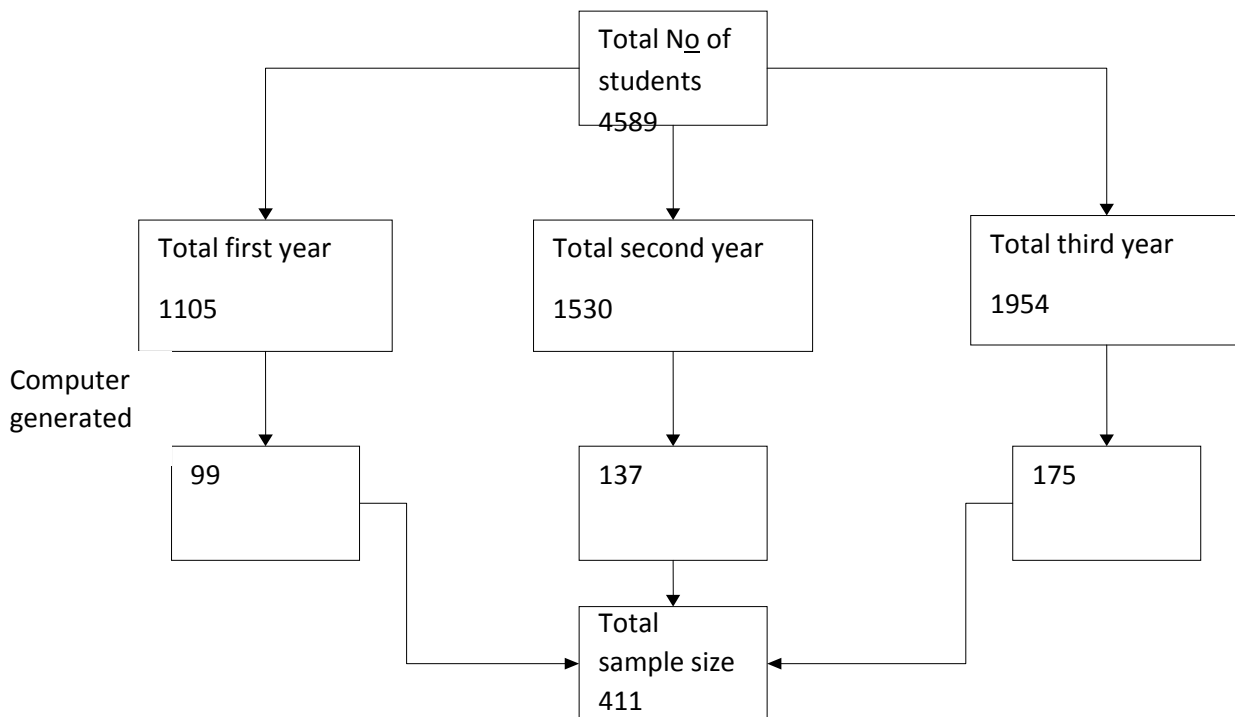


Figure 2: sampling procedure assesses the level of attitude in Beggimider Teacher's College students in North central Ethiopia, 2019.

5.8. Variables of the study

5.8.1. Dependent variables

- Level of attitude towards reproductive health services (Favorable/Unfavorable)

5.8.2. Independent variables

- **Socio-demographic variables**

- Age
- Sex
- Marital status
- Year of study
- Place where they come
- Parental education
- Parental occupation
- Living condition(arrangements)
- Participation in RH club
- Knowledge of RH service
- Use of reproductive health services

- **Discussion with RH services issues**

Talk with parents, family, and peers, friends

- **Information sources**

Internet, TV, Radio, newspaper

5.9. Operational definitions

- **Knowledge about RH Services:** was determined by using the mean score of questions related to common RH issues like STI, HIV/VCT, family planning, and abortion care services.
- **Good Knowledge;** Students who scored above the mean score were be considered as having good knowledge otherwise poor knowledge.
- **Poor Knowledge;** Students who scored below the mean score will be considered as having poor knowledge otherwise good knowledge
- **Attitude about RH services:** was determined by using the mean score of questions related to HIV/VCT, family planning, RH education, and abortion care services. Students who scored above the mean score were considered as having a favorable attitude was measured through 20 questions. The questions were five-point liker scales with the range from completely agree to completely disagree. A summary index was prepared based on the mean score.
- **Favorable attitude;** Students who scored above the mean score were considered as having a **favorable** attitude. The responses range from completely agree to completely disagree.

A summary index was prepared based on the mean score.
- **Unfavorable attitude;** Students who scored below the mean score were considered as having an unfavorable attitude. The responses range from completely agree to completely disagree. A summary index was prepared based on the mean score.
- **Use of reproductive health services;** Students who can use at least one of common RH Services like STI, ANC, HIV/VCT, family planning, and abortion care services.
- **Discussion RH issue with family and parents ;** Students talk about at least one of the common RH services issues like STI, ANC, HIV/VCT, family planning, and abortion care services.

5.10. Data collection tools and procedure

The data were collected using self-administered questionnaires. The questionnaire was prepared in English and then translated to Amharic and then translated back into the English language to check its consistency by third person. A pretest was done among FEKEDA-EGEZE College Students before the start of data collection. After the pretest, all the necessary corrections were made two teachers out of this college were used as a data collector. Additionally, there was one instructor from another College to be the principal supervisor. One day training with a pretest was given to data collectors and supervisors.

5.11. Data quality control

The training was given to data collectors and supervisors for one day about the objective of the study, informed consent and techniques of the interview with the pretest. A pretest was conducted among FEKEDA-EGEZE College Students to ensure the validity of the questionnaire. The collected data were checked for completeness and consistency by the supervisor and investigator on a daily basis. The appropriate corrections like wording and communication regarding to taboo ,ashamed issues was made after reviewing the collected data and communication was held to avoid the following activities.

5.14. Data processing and analysis

The questionnaire was checked for completeness and consistency. Then, the data were entered into Epi-info-7.2 software. After that, it was exported into SPSS version 23 soft ware for windows. Then further descriptive analysis was done. After that, binary logistic regression and multivariable binary logistic regression was done to assess the dependent and independent variables. The Odd ratios were calculated to assess the association and measure the strength between the explanatory and outcome variables with a 95% confidence interval. During binary logistic regression, $p \leq 0.2$ was used to select variables for multivariable binary logistic regression. A P-value < 0.05 was used to declare statistical significance. Hosmer and Lemeshow model fitness test was done to assess the goodness of the model during multivariable logistic regression (P = 0.829)

5.15. Ethical clearance

Ethical clearance was obtained from the Institutional Ethical Review Board of the Bahir Dar University and a supporting letter was obtained from Amhara Region Health Bureau Institute of Public Health, and from the Beggmedirr Teachers College. Informed verbal consent was obtained from the respondents before data collection after a detail explanation of this study. Confidentiality of the information was assured by excluding names (personal identifiers) as identification in the questionnaire and keeping their privacy during the interview. The privacy was secured during the interview. We assured that study participants have the right to withdraw from the study at any time. Additionally, the purpose, procedures, advantages, and disadvantages of the study were explained to the participants.

6. Dissemination of the result

High priority will be given to the timely dissemination of the study findings to the relevant organizations and stakeholders. The plan of diffusion of the study result includes a presentation at Bahir Dar University. The report will be submitted to Amhara Regional Health Bureau, Beggimder Teachers College and efforts will be made to present in conferences and seminars. Finally, efforts will be made to publish in scientific journal.

7. Result

7.1 Socio-demographic characteristics of respondents

From the total sample size, 411 youth College Students 392 of them respond to questionnaires that produces response rate of 95.37%. The mean age of the participant was 20.9 years (SD) of ± 1.37 years and 55 (14%) of them were found the age of less than 19 years and 337 (86%) of them were found between the age of 20 to 24 years. From 392 participants, 224 (57%) were males. More than eighty percent 331 (84.4%) of the participant were single. More than seventy percent 314 (78%) participants came from the rural area. More than ninety percent 363 (92%) of participants were attended there elementary and secondary education in public schools. Their parents' demographic data showed that 270 (69%) of their father and 302 (77%) of their mother were unable to read and write.

More than Seventy percent 298 (76%) of their father were farmers while 286 (73%) of their mother also farmers as shown in the table below (**Table 1**)

Table 1: Socio demographic characteristics of respondents of Beggimider Teacher college South Gondar Amhara Region North central, Ethiopia, 2019 (n=392).

Variables		Number	Percentage (%)
Age	18- 19	55	14.0
	20 - 24	337	86.0.
Sex	Males	224	57.2
	Females	168	42.8.
Marital status	Single	331	84.4
	Married	61	15.6
Place of resident	Urban	62	15.8
	Rural	309	78.8
	Peri rural	21	5.4
Year of study	First	92	23.5
	Second	133	33.9
	Third	167	42.8
Type of school attained	Public	363	92.6
	Private	19	4.8
	Both	10	2.6
With whom live	Husband	32	8.2
	Parents	85	21.7
	School friends	105	26.8
	Alone	154	39.3
	Relative	16	4.1
Occupational status of the father	Governmental employee	31	8.0
	Private employee	17	4.3
	Trader/Merchant/	43	11.0
	Farmer	301	76.7

7.2 Reproductive health services related characteristics of respondents

From 392 participants, 63.8% ,59.2% of the Students were Discussion issues with their family and parents respectively, and only (23%) use of RHS. Near to thirty percent of Students were participating in the RH club and only (45%) had a history of sexual intercourse. More than thirty percent of students were got RHS information from their mother and only (16 .8%) from media as shown in the table below (**Table 2**)

Table 2: Reproductive Health Services of respondents of Biggimeder Teacher college South Gondar Amhara Region North central Ethiopia, 2019 (n=392).

Variable		Number	Percentage(%)
Discussion RHS issues with family	Yes	250	63.8
	NO	142	36.2
Discussion RHS issues with parents	Yes	232	59.2
	No	160	40.8
Use of RHS	Yes	90	23.0
	No	302	77.0
Participation of RH Club	Yes	137	34.9
	No	255	65.1
Health profession gave appropriate RHS	Yes	181	46.2
	No	211	53.8
History of sexual intercourse	Yes	179	45.7
	No	213	54.3
Source of information about RHS	Mother	123	31.4
	Friends	70	17.9
	Teachers	43	11.0
	Health personnel	70	17.9
	RH club	66	16.8
	Media	67	17.1

7.3 Knowledge related characteristics of respondents

Among participants of 392, only 240 (61.2%) had Good knowledge on the RHS. Two hundred twelve (54.1%) of the participants knew disease that persons can acquire through sexual intercourse. Among 392 respondents who knew at least one of the diseases that can be transmitted through sexual intercourse.

From the total participates,157(40.1%, 154(39.3%), 126(30.6%) of respondents mention AIDS/HIV, Gonorrhoea and syphilis as sexually transmitted diseases respectively. Whereas only (26.5%) % of respondents knew about Chancroid. But, 180 (45.9%) of respondents did not know about the disease that can be transmitted through sexual intercourse.

Out of 392(95.3%) of the participants who mentioned there is means of preventing STI and AIDS, more than half of 203(51.8%) mentioned Abstinence that followed by Condom 140(35.5%)and the magnitude of avoid casual sex and be faithful to the partner was 130 (33.2%) and 103(26.3%) respectively. A **table 3** showed below, 206 (52.6%) of the participants who had information about VTC services (**Table 3**).

Table 3: Distribution of knowledge of some basic concepts of RHS of respondents of Beggimider Teacher college South Gondar Amhara Region North central Ethiopia, 2019 (n=392)

Variable	Yes/No/	Number	Percent (%)
Overall knowledge	Yes	240	61.2
	No	152	38.8
Do you know STI	Yes	212	54.1
	No	180	45.9
Type of STI mentioned by respondents	Syphilis	120	30.6
	Gonorrhea	154	39.3
	Chancroid	104	26.5
	HIV/AIDS/	157	40.1
Do you know methods of prevention STI	Yes	226	57.7
	No	166	42.3
Do you have information about VTC services	Yes	206	52.6
	No	186	47.4
DO you know the emergency contraceptive	Yes	191	48.7
	No	201	51.3
Knowledge about ways of STI prevention	Abstinence	203	51.8
	Use of condoms	140	35.7
	Avoid casual sex	130	33.2
	Be faithful	103	26.3
Knowledge about ways of Pregnancy prevention	PO pills	162	41.3
	IUCD	84	21.4
	Inject able	175	44.6
	Use condom	155	39.5
	Abstinence	203	51.8
	Tub ligation	33	8.4
	Other**	19	4.8

NB: **calendar method, Natural method.

7.4 Attitude Towards reproductive health services

Among participants 392, only 160 (40.8 %) (%, 95% CI (36.2, 45.4)) had Favorable attitude and 232(59.2%) had Unfavorable attitude towards RHS.

Respondents strongly agree about important RH service for youth (**Table 4**) 105(26.8%) of the Students strongly agree about important of RH services for youth. Whereas 43(11%) strongly disagree about important of RH services for youth. The Students strongly disagree with the inclination that only females should use RH service 98 (25%) of the Students were strongly disagree that only females should use RH service. But, 102(26%) strongly agreed that only females should use RH service.

Respondents 121(30%) strongly agree about unmarried youth use of family planning like married youth. But, 153(39%) strongly disagree about unmarried youth use of family planning like married youth.

Hundred (25.5%) of respondents strongly agree that sex education is better to start at per-adolescent. On the other hand, 166(42.3%) of respondents strongly disagreed that sex education is better to start at per-adolescent.

Respondents of 33(8.4%) strongly disagree about safe and clean abortion need for all youth. Respondents of 94(24%) strongly agreed about VTC services were important for youth. Whereas 40(10.2%) strongly disagree about VTC services were important for youth.

One hundred twenty-four (31.6%) of the participant were strongly agreed about the importance of emergency contraceptives for youth. Whereas 57(14.5%) strongly disagree about the importance of emergency contraceptives for youth.

From the total respondents, 128(32.7%) strongly agreed about YFS is prevents STI including HIV/AIDS. Whereas 55(14%) of respondents strongly disagreed about YFS is prevent STI including HIV/AIDS.

Table 4: Attitude towards reproductive health services of some basic concepts of RHS of respondents Beggimider Teacher College South Gondar Amhara Region North central Ethiopia, 2019 (n=392).

Variable	Disagree	Strongly Disagree	Neutral	Agree	Strongly agree
Youth can use FP as that of all other married clients	153(39%)	48(12.2%)	46(11.7%)	24(6.1%)	121(30.9%)
Sex education service is better to be started at pre-adolescence age	166(42.3%)	30(7.7%)	65(16.6)	31(7.9%)	100(25.5%)
Unmarried women should have access to safe abortion	118(30.1%)	28(7.1%)	51(13.0%)	66(16.8%)	129(32.9%)
Use Safe and clean abortion service is needed for all youth	100(25.5%)	33(8.4%)	53(13.5%)	83(21.2%)	123(31.4%)
Early age premarital sex for youth is supported	69(17.6%)	86(21.9%)	39(9.9%)	108(27.6%)	90(23.0%)
Do you believe VTC Service is important for youth	201(51.3%)	40(10.2%)	27(4.3%)	40(10.2%)	94(24.0%)
Unmarried couples have no right to use contraceptives other than condoms	139(35.5%)	67(17.1%)	36(9.2%)	33(8.4%)	117(29.8%)
Is RH service important for youths?	200(51.0%)	43(11.0%)	16(4.1%)	28(7.1%)	105(26.8%)
aware of RH service is Important for youth	209(53.3%)	47(12.0%)	46(11.7%)	15(3.8%)	75(19.1%)
RH service use only females?		102(26.0%)	39(9.9%)	93(23.7%)	98(25.0%)
Education to RHS lead to high-risk sexual behavior for youth	70(17.9%)	105(26.8%)	39(9.9%)	76(19.4%)	102(26.0%)
Use of emergency contraceptive is important?	151(38.5%)	57(14.5%)	19(4.8%)	41(10.5%)	124(31.6%)
Over all attitude		Favorable	160	40.8%	
		Unfavorable	232	59.2%	

7.5. Factors associated with respondents of attitude towards reproductive health services

During crude analysis by using binary logistic regression; , participation of reproductive health club; reproductive health issue discussion with parents; reproductive health issue discussion with family; use of reproductive health service; use of any reproductive health service , health profession gave appropriate health service; history of sexual intercourse; students who had good knowledge were found to be significantly associated variables with level of attitude towards reproductive health service.

After fitting these significant variables into multi logistic regressions, reproductive health issues discussion with family, use reproductive health services and good knowledge about reproductive health services were independently associated with the level of favorable attitude.

Students who had discussion-related to a reproductive health issue with families were 6.09 times more likely to had favorable reproductive health service attitude as compared to those who had no discussion (AOR: 6.09, 95% CI (1.84, 20.17)).

The study found that students who had use of reproductive health services 3.26 times favorable attitude towards reproductive health service compared with students who had no use reproductive health services(AOR:3.26, 95% CI (1.22, 8.76)). Students who had good knowledge about reproductive health services 5.9times (AOR: 0.17, 95% CI (0.09, 0.33)) favorable attitude towards reproductive health service compared with students who had no good knowledge about reproductive health service (**Table 5**)

Table 5: Binary and multi logistic regression analysis Results of factors associated with reproductive health service among students in Beggimider Teacher College, South Gondar Zone North central Ethiopia, 2019

Variable		Percentage	Favorable	Un Favorable	COR, (CI 95%)	AOR,(CI 95%)
History of sexual intercourse	Yes	45%	99	80	1	1
	No	54%	133	80	0.74(0.49, 1.11)	0.56(0.29, 1.06)
Participation Reproductive Health clubs	Yes	35%	26	111	1	1
	No	65%	134	121	4.73(2.89, 7.73)	0.54(0.24, 1.23)
Discussion reproductive health services issues with Family	Yes	64%	40	210	1	1
	NO	36%	120	22	28.64(16.25,50.46)	6.09(1.84, 20.17)*
Use of reproductive health service	Yes	23%	10	80	1	1
	No	77%	150	152	7.89(3.94, 15.81)	3.26(1.22, 8.75)*
Reproductive health service issue discussion with parents	Yes	66%	44	213	1	1
	No	34%	116	19	29.55(16.48,52.97)	3.03(0.94, 9.80)
Use any of RHS	Yes	29%	15	97	1	1
	No	71%	145	135	6.95(3.84, 12.56)	1.59(0.61-4.16)
Health profession gave appropriate health service	Yes	46%	30	151	1	1
	No	54%	130	81	8.08(4.99, 13.05)	0.68(0.29, 1.58)
Knowledge	Poor	39%	119	33	0.06(0.03, 0.09)	0.17(0.09 , 0.33)*
	Good	61%	41	199	1	1

NB: * = significant at p value <0.05, CI: Confidence Interval, COR = Crude Odd Ratio, AOR = Adjusted Odd Ratio, 1 = reference

8. Discussion

This study aimed to assess attitude towards reproductive health service and associated factors among Beggimider teacher College Students. The study found that 40.8%, 95% CI (36.2, 45.4) of the participants were having a favorable attitude. This finding is in line with studies conducted in Ghana and Ethiopia (MizanTepiUniversity and Gondar) [(27) (29) (30)].

Contrary to this finding, a study done on a College Student in Tan Haik College in Amhara, Jimma town Ethiopia revealed that the majority of young students had a favorable attitude towards reproductive health [(32), (24). This variation might be due to the differences in the study population area and period.

The study found that Students who had discussion with family 6.09 times favorable attitude towards reproductive health services compared with Students who had no discussion with family. This was further supported on a similar study in Jimma town, Tan Haik College in RH services Amhara Ethiopia in which participants had a moderately favorable attitude towards utilizing RHS [(31, 32, 47)] The possible justification might be due to analyze and understand the risk/benefits/, will handle peer influence, good follow up and will solve problems related to RH issues.

The study found that Students who had the use of reproductive health services 3.26times favorable attitude towards reproductive health service compared with Students who had no use of reproductive health services. This finding was supported by studies conducted in Egypt Alexandria university(36). The possible reason might be awareness regarding health services, exposure to the service, counseling RH issues and discuss the way forward about RH issues.

Students who had good knowledge about reproductive health services were 5.9times to have a favorable attitude towards reproductive health services as compared to Students who had no good knowledge about reproductive health services. This was further supported by similar studies in Colombia, Vietnam, and Ethiopia (Harare, Adama) [(33). (34) (37)]. The possible justification might analyze and understand the risk/benefits/, safe initiation to exercise their theoretical knowledge to practice, and discuss with individual specialized to the area in order to improve their attitude of reproductive health services.

Contrary to this study, knowledge of the components of RH services was a predictor for attitude among youth girls (35). This might be due to low awareness of the services, use the service without influence and might not be acceptable to use freely and other socio-cultural influences.

9. Conclusions

The level of favorable attitude towards reproductive health services among College Students was less than the average (mean). The contributing factors to having a favorable attitude were Students having good knowledge, discussion with families, and the use of reproductive health services.

10. Recommendations

Based on the finding the following recommendation is outlined:

For Students:

- Better to have clear or establish communication with families freely as much as possible.
- Better to Participate in RH club, workshop and seminar regard to RHS.

Parents and families

- Better to give guidance based on their life experience.
- Encourage their child to talk related to RHS issue rather than discourage.

For the College

- Better to establish and work hard on youth and friendly services.
- Better to give regular awareness regarding youth-friendly services.
- Establish reproductive health clubs and follow the functionality regularly.
- Guide Students to devise health programs and groups that deal with RHS.

For health offices

- Shall have a regular awareness program.
- Better to have a regular monitoring and evaluation system.

- Prepare and distribute leaflets on a positive and negative attitude towards reproductive health services.
- Prepare and implements workshops and seminars for Students about reproductive health services.
- Assign trained health personnel to give appropriate RHS.

11. Reference Lists

1. Onarheim KH, Taddesse M, Norheim OF, Abdullah M, Miljeteig I. Towards universal health coverage for reproductive health services in Ethiopia: two policy recommendations. *International journal for equity in health*. 2015;14(1):86.
2. Nigina M, Worknesh K, and Kirstin RM. Addressing the Sexual and Reproductive Health Needs of Young People in Ethiopia: An Analysis of the Current Situation. *African Journal of Reproductive Health*. 2015;19(3).
3. USAID, International MS. Delivering sexual and reproductive health services to young people 2012.
4. United Nations, Department of Economic and Social Affairs, Division P. Reproductive Health Policies. 2017.
5. Health FDRoEMo. Ethiopia National Reproductive Health Strategy 2006–2015. Addis Ababa 2006.
6. Govindasamy P, Aklilu Kidanu and Hailom Banteyerga. Youth Reproductive Health in Ethiopia. Calverton, Maryland: ORC Macro; 2002.
7. Sexual and reproductive health and rights: The basics. Brussels, Belgium: The European parliamentary Forum on population and development; 2013.
8. Girls-Not-Brides. Child marriage and sexual and reproductive health and rights. London, United Kingdom 2018.
9. USAID MSI. Delivering sexual and reproductive health services to young people. 2012.
10. Vanessa W, Susheela S, Alyssa B, and Jesse P. Adolescent Women's Need for and Use of Sexual and Reproductive Health Services in Developing Countries, New York. Guttmacher Institute. 2015.
11. UNAIDS, HIV/AIDS JUNPo. Youth and HIV. Geneva, Switzerland: 2018.
12. CEDPA C, CRLP, FCI, Ipas, IPPF, IWHC, Latin American & Caribbean Youth Network for Sexual and Reproductive Rights, NAPY,, ICPD aYCF. Sexual and Reproductive Health Education an Services for Adolescents. 2000.
13. Dr Gunta L. Causes and consequences: What determines our sexual and reproductive health. *The European Magazine for Sexual and Reproductive Health*. 2011.
14. Organization WH. The importance of sexual and reproductive health and rights to prevent HIV in adolescent girls and young women in eastern and southern Africa. 2017.
15. Mihoko T, Jennifer S. Adolescent Sexual and Reproductive Health Programs in Humanitarian Settings: An In-depth Look at Family Planning Services. Geneva, Switzerland: 2012.
16. Muhammed S. A M, Nabila A. A A. Knowledge and Attitude about Reproductive Health and Family Planning among Young Adults in Yemen. *International Journal of Population Research*. 2017;2017.
17. Yu F, Sirikul I, Sutham N, Somsak W. Attitudes toward adolescent pregnancy, induced abortion and supporting health services among high school students in Phuttamonthon district, Nakhon Pathom province, Thailand. *Journal of Public Health and Development* 2003;1(1).
18. Ethiopia demographic and health survey 2016. Addis Ababa, Ethiopia: Central statistical agency; 2016.
19. Aragaw L. HIV/AIDS and sexual reproductive health among university students in Ethiopia a policy intervention framework. Federal HIV/AIDS Prevention and Control Office; 2010.
20. Yemaneh Y, Gezahagn R, Yechale M, Assefa M, Abrha K. Assessment of Knowledge, Attitude and Practice Towards Reproductive Health Service among Mizan Tepi University Students, Sheka Zone, South Nations Nationalities and Peoples Regional State, South West Ethiopia, 2017. *Journal of Hospital and Medical Management*. 2017;3(11).
21. Obonyo pa. Determinants of utilization of youth friendly reproductive health services among school and college youth in thika west district, kiambu county, Kenya. Republic of Kenya national science and technology. 2012.

22. Wassie N, Muluken D, Berhanu Y, Mohammed D, Maereg W, Josephat N. Reproductive health service utilization and associated factors: the case of north Shewa zone youth, Amhara region, Ethiopia. *The Pan African Medical Journal*. 2016;supp(2)(3).
23. Similo n. Communication of reproductive health information to the rural girl child in Filabusi, Zimbabwe. *African Health Sciences*. 2016 June;16(2).
24. Ayalew T, Meseret Y, Yeshigeta G. Reproductive Health Knowledge and Attitude among Adolescents: A community based study in Jimma Town, Southwest Ethiopia. *EthiopJHealth Dev*. 2008;22(3).
25. Mulatuwa A, Bezatu M, and Agumasie S. Adolescent - parent communication on sexual and reproductive health issues among high school students in Dire Dawa, Eastern Ethiopia: a cross sectional study. *Reproductive Health*. 2014;11(77).
26. International P. *Bringing Youth-Friendly Services to Scale in Ethiopia*. Addis Ababa, Ethiopia: Pathfinder International; 2012.
27. Krugu JK, Mevissen FF, Prinsen A, Ruiters aRAC. Who's that girl? A qualitative analysis of adolescent girls' views on factors associated with teenage pregnancies in Bolgatanga, Ghana. *Reproductive Health*. 2016;13(39).
28. Stanzia M, and Oswell R. Contraceptives: Adolescents' Knowledge, Attitudes and Practices. A Case Study of Rural Mhondoro-Ngezi District, Zimbabwe. *African Journal of Reproductive Health*. 2017;21(1).
29. Woldegebrial A, Telake A, Mekonnen S, and Kedir AG. Utilization of long acting reversible contraceptive methods and associated factors among female college students in Gondar town, northwest Ethiopia, 2018: institutional based cross-sectional study. *BMC Res Notes*. 2018 05 December;11(862).
30. Yayehyirad Y, Rediet G, Matewal Y, Melkamsew A, Kifle A, Alemayehu Aa, et al. Assessment of Knowledge, Attitude and Practice Towards Reproductive Health Service among Mizan Tepi University Tepi Campus Students, Sheka Zone, South Nations Nationalities and Peoples Regional State, South West Ethiopia. *Journal of Hospital and Medical Management*. 2017;3(1).
31. Wakgari B, Taklu M, Mulusew GaM, Sinaga. Sexual and reproductive health services utilization and associated factors among secondary school students in Nekemte town, Ethiopia. *Reproductive Health*. 2018 17 April;15(64).
32. Mulat A, Dabere N, Getachew S, and Ayal D. Knowledge and attitude towards sexual and reproductive health rights and associated factors among Adet Tana Haik College students, Northwest Ethiopia: a cross-sectional study. *BMC Research Notes*. 2019;12(80).
33. Zulma H. Association of Knowledge, Attitudes, and Self-Efficacy with Sexual Risk Behaviors Among High School Students in Aguablanca District-Cali, Colombia. *Theses, Dissertations and Capstones*. 2003.
34. Nhi Ngoc YT, Trung QV. Knowledge, Perceptions, and Attitudes Toward Contraceptive Medicine among Undergraduate Students in Southern Vietnam. *Asian Journal of Pharmaceutics*. 2018.
35. Olayinka A O, Joel Adeleke A, Tariibi Florence A, Umar Nda J, Abubakar AI. Adolescents' Knowledge, Attitude and Utilization of Emergency Contraceptive Pills in Nigeria's Niger Delta Region. *International Journal of MCH and AIDS* 2016;5(1).
36. Sharifa MG, Manal FA-H, Sahar MY, Aziza TS. Knowledge, attitude and practice related to reproductive health among female adolescents. *Journal of Nursing Education and Practice*. 2018;8(8).
37. Anteneh D. Assessment of Knowledge, Attitude and Practice of Emergency Contraceptive Use among Female Students in Harar Preparatory Schools, Harari Regional State, Eastern Ethiopia. *open access* 2017;6(4).
38. Faten DT, Tsion A, Tefera B. Predictors of emergency contraceptive use among regular female students at Adama University, Central Ethiopia. *The Pan African Medical Journal*. 2010.
39. Naelah H A-Z, Omran S HAYA-M. Attitude of university students towards family planning. *Iraqi J Comm Med*. 2013;2.

40. Mohsen T, Sima T, Gibbons C. A Quantitative Survey of Knowledge of Reproductive Health Issues of 12-14-year-old Girls of Different Ethnic and Religious Backgrounds in Iran: Implications for education. <http://www.tandfonline.com/loi/csed20>. 2015.
41. Dr. Chinmay S, Solanki V, Dr. H.B M. Attitudes Of Adolescent Girls Towards Contraceptive Methods. *Australasian Medical Journal* 2011;4(1).
42. Shahla S, Hejar AR, Rampal L, Nor Afiah MZ, and Nasrin M. A cross-sectional study to explore postgraduate students' understanding of and beliefs about sexual and reproductive health in a public university, Malaysia. *Reproductive Health*. 2015 29 August;12(77).
43. Anna SB, William JUG, Patricia Patricia Eustachio C, Carina K. Knowledge about Sexual and Reproductive Health among School Enrolled Adolescents in Tololar, Nicaragua, A Cross-Sectional Study. *Journal of public health international*. 2018;1(2).
44. Amanuel AA, and Assefa S. Reproductive health knowledge and service utilization among rural adolescents in east Gojjam zone, Ethiopia: a community-based cross-sectional study. *BMC Health Services Research*. 2014 29 March;14(138).
45. Mulatuwa A, Bezatu M, and Agumasie S. Adolescent - parent communication on sexual and reproductive health issues among high school students in Dire Dawa, Eastern Ethiopia: a cross sectional study. *Reproductive Health*. 2014 7 November;11(77).
46. Ayalew T, Meseret Y, Yeshigeta G. Reproductive Health Knowledge and Attitude among Adolescents: A community based study in Jimma Town, Southwest Ethiopia. *Reproductive health knowledge and attitude among adolescents*. 2008;22(3).
47. Ana S. Factors Associated To Adolescent Sexual And Reproductive Health: A Parental Perspective From Calca, Peru. *Public Health Theses*. 2013 January
48. Tesfaye AY, Haji Kedir B, and Abera KT. Factors Affecting Parent-Adolescent Discussion on Reproductive Health Issues in Harar, Eastern Ethiopia: A Cross-Sectional Study. *Journal of Environmental and Public Health*. 2014 29 May.
49. Chaohua L, Yan C, Ersheng G, Xiayun Z, Mark RE, and Laurie S. Media's Contribution to Sexual Knowledge, Attitudes and Behaviors for Adolescents and Young Adults in Three Asian Cities. *J Adolesc Health*. 2012;50(30).
50. SM Monwar H, Yeasmin A, Md A, Md Rashed M, Md Ruhul A, Satya Prio D. Knowledge on Sexual and Reproductive Health among Young People in a Selected Community. *Journal of Gynecology and Women's Health*. 2016 30 September;1(3).
51. Abu PB, Akerele EO. Access to Media Resources as Predictor of Adolescents' Attitude to Sexual and Reproductive Health Practices in Selected Non-Governmental Organisations in Nigeria. *International Journal of African and African American Studies*. 2006;5(1).
52. Joseph MK, Philip T-NT, and Benson BK. Adolescents' reproductive health knowledge, choices and factors affecting reproductive health choices: a qualitative study in the West Gonja District in Northern region, Ghana. *BMC International Health and Human Rights*. 2018;18(6).

Annexes I Self-administered questionnaires (English version)

General information

1. Participant code number_____
2. Date of interview_____

PART I: SOCIO DEMOGRAPHIC CHARACTERISTICS

No	Characteristics	Responses	Skip to
1.1	How old are you?	Age in years_____	
1.2	Sex	1.Male 2.Female	
1.3	What is your current marital status?	1. Single 2. married 3. divorced 4. widowed	
1.4	Where did you come from	1. urban 3.pre-urban 2. Rural	
1.5	Type of school you have attended elementary and high school	1. Public 2. Private 3. Both	
1.6	With whom you live?	1.husband 2.parents 3.school friends 4. alone 5. relatives	
1.7	What is your year of study?	1. first year 2. second year 3.Third-year	
1.8	What is the educational status of your father?	1.No education 2.primary school (1-8)	

		3.Secondary school (9-12) 4.College and above	
1.9	What is your father's work?	1.Governmental employee 2. private employee 3. trader 4. farmer 5.Others, specify_____	
1.10	What is the educational status of your mother?	1. No education 2.primary school (1-8) 3.Secondary school (9-12) 4.College and above	
1.11	What is your mother's work?	1. Housewife . 2Governmental employee 3. private employee 4. farmer 5.Others, specify_____	
1.12	Family monthly income	_____ ETB	
1.13	Your level of education	1. 10 (Complete high school) 2. 10+2 (Complete preparatory)	

PART II: RH SERVICE

2.1	Have you ever had sexual intercourse?	1. Yes 2. No	If no skip to 2.6
2.2	If yes, at what age did you have the first sexual intercourse? Age in completed years	_____yrs	
2.3	When did you start sexual intercourse?	1. before joining college 2. before joining college	
2.4	How many sexual partners have you ever had in your lifetime?	1. one 2. two 3. three 4. four and above	
2.5	Do you participate in Reproductive Health clubs	1. Yes 2. No	
2.6	Is it possible to discuss with your parents about RH issues?	1. Yes 2. No	
2.7	Is it important to discuss (communicate) Sexual issues with Family	1. Yes 2. No	
2.8	IS important to discuss RH ISSUES with parents	1.Yes 2.No	
2.9	Have you had communication about Reproductive issues with anyone else?	1. Yes 2. No	If no skip to 2.20
2.10	Are you communicate about RH Issues for any people	1.yes 2.No	
2.11	If yes, with who had you discussed the issue? (More than one answers possible).	1. mother 2. father 3. sister 4. friends 5. school teacher 6.health personnel 7.others,Specify-----	
2.12	Have you ever used any of the Reproductive Health Services?	1. Yes 2. No	

2.13	IF yes list more than one	1----- 2-----,-	
2.14	IS there health professional gave appropriate RHS	1.yes 2.No	
2.15	What is your source of information on Reproductive and Sexual Health?	1. Parents 2. Peer 3.Schoolteacher 4.Health personnel 5. Media RH clubs 6.college club 7. Others specify___	
2.16	Have you ever used any of the Reproductive Health Services?	1. Yes 2. No	
2.17	If you are married, At what age did you have marriage?	Age in completed years_____	

PART III: KNOWLEDGE ON RH SERVICE

3.1	Do you think youth have the right to information on reproductive health facilities?	1. Yes 2. No	
3.2	Can all girls to autonomous Reproductive choices including choices relating to safe abortion?	1. Yes 2. No	
3.3	Do students have the right to access new reproductive technologies?	1. Yes 2. No	
3.4	Can unmarried youth use condom-like married youth	1 Yes 2.No	
3.5	Do you know about STI	1. Yes 2. No	If no skip to No 3.7
3.6	If yes (you can answer more than one)	1. Gonorrhoea 2. HIV AIDS 3. Chancroid 4. Syphilis	
3.7	Do you know a method of preventions of STI	1 yes 2 no	
3.8	If yes you can answer more than one	1. Sexual abstinence 2. Avoid casual sex 3. Remain faithful to a partner 4. Use condom 5. Others	
3.9	Did you have information about VTC	1. Yes 2. No	
3.10	Are you willing to get VTC services	1.Yes 2.No	
3.11	IS VTC service have an advantage	1.Yes 2.No	
3.12	Do you know about methods of family planning	1.Yes	

		2.No	
3.13	If yes (you can answer more than one)	1. Abstinence 2.Use Condom 3.Injectable 4.IUCD 5.Tubeligation 6. Others	
3.14	Do you know the use of emergency contraceptive	1.yes 2.No	
3.15	If yes when using	Within 72hrs After 72hrs	

PART IV :ATTITUDE TOWARDS REPRODUCTIVE HEALTH SERVICE

4.1	Youth can use FP as that of all other married clients	1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree	
4.2	Sex education service is better to be started at pre-adolescence age	1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree	
4.3	Unmarried women should have access to safe abortion	1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree	
4.4	Use Safe and clean abortion service is needed for all youth	1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree	
4.5	Early age premarital sex for youth is supported	1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree	
4.6	Do you believe VTC Service is important for youth	1. Strongly Agree 2. Agree 3. Neutral	

		4. Disagree 5.Strongly disagree	
4.7	Unmarried couples have no right to use contraceptives other than condoms	1. Strongly Agree 2.Agree 3.Neutral 4. Disagree 5. Strongly disagree	
4.8	Is RH service important for youths?	1. Strongly Agree 2.Agree 3.Neutral 4. Disagree 5. Strongly disagree	
4.9	Did you believe every young person should aware of RH service is Important	1. Strongly Agree 2.Agree 3.Neutral 4. Disagree 5. Strongly disagree	
4.10	Did you believe that RH service use only females?	1. Strongly Agree 2.Agree 3.Neutral 4. Disagree 5.Strongly disagree	
4.11	Did you believe SRHS expansion is a curtailed issue for youth?	1. Strongly Agree 2.Agree 3.Neutral 4. Disagree 5. Strongly disagree	
4.12	RHS expansion is an effective way to prevent unwanted pregnancy.	1. Strongly Agree 2.Agree	

		3.Neutral Disagree 5. Strongly disagree	
4.13	Did You believe awareness creation to youth skill of practice safe sex negotiation is one step to reduce RHS problem	1. Strongly Agree 2.Agree 3.Neutral 4. Disagree 5. Strongly disagree	
4.14	Did You believe youth active participation is important in reducing RH related problems of the premarital youth?	1. Strongly Agree 2.Agree 3.Neutral 4. Disagree 5. Strongly disagree	
4.15	youth do not need sexual and reproductive information?	1. Strongly Agree 2.Agree 3.Neutral 4. Disagree 5. Strongly disagree	
4.16	Did You believe education to youth about RHS lead to high-risk sexual behavior?	1. Strongly Agree 2.Agree 3.Neutral 4. Disagree 5. Strongly disagree	
4.17	Are contraceptive service is acceptable in your college student?	1. Strongly Agree 2.Agree 3.Neutral .4. Disagree 5. Strongly disagree	

4.18	Do you believe the use of contraceptives is wrong?	1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree	
4.19	If you perform casual sex use of emergency contraceptives is important?	<i>1. Strongly Agree</i> <i>2. Agree</i> <i>3. Neutral</i> 4. Disagree 5. Strongly disagree	
4.20	Do you believe that youth YFS services help prevent STI including HIV/AIDS\?	1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree	

ውድ ተሳታፊዎች፡-

ስሜ----- ይባላል፡፡ይህጥናት

በባህርዳር ዩኒቨርሲቲ በህብረተሰብ ጤና የትምህርት ዘርፍ ለሁለተኛ ዲግሪ ማሟያነት የሚውል ሲሆን የጥናቱ ርዕስ በአማራ ክልል በደቡብ ጎንደር ዞን/ታቦር ከተማ በበጌምድር መምህራን ኮሌጅ የሚሚናር ተማሪዎች ስለስነ-ተዋልዶ ጤና አገልግሎት ያላቸውን አመለካከት ለመዳሰስ የሚልነው ። በዚህጥናት ተሳታፊ እንዲሆኑ የተመረጡ ት በአጋጣሚ እጣ ስለደረሰዎትብቻ ነው። በጥናቱ ተሳታፊ ሲሆኑ ስምዎንና ሌላ ማንነትዎን የሚገልፅ ነገር አይጻፍም። ከሌሎች መረጃዎች ጋር ተጠቃሎ በጥናቱ ውጤት ብቻ የሚገለጽ ይሆናል እንጂ ለሌላ ሶስተኛ ወገን ተላልፎ አይሠጥም። ለዚህ የሚሠጡት መረጃ ሚስጥራዊነቱ እጅግ የተጠበቀነው። የሚያደርጉት ተሳትፎ በፈቃደኝነት ላይ የተመሠረተ ስለሆነ በጥናቱ ላይ አስመሳተፍም ሆነ አቋርጦ የመውጣት መብትዎ የተጠበቀ ነው። በዚህ ህጥናት መሳተፍ የሚያስገኝው ቀጥተኛ የሆነ ክፍያ ወይም ጥቅም የለም።

ይህጥናት ወጣቶች ላይ የሰነ ተዋልዶ ጤና አገልግሎት ያለውን ሁኔታ ለማሻሻል በእጅግ ያግዛል። ስለዚህ ካለዎት 21 ወይንም 30 ደቂቃ ያህል ሰጥተው ትክክለኛ መረጃ በቅንነት እንዲሰጡን በአክብሮት እየጠየቅሁኝ በጥናቱ ዙሪያ የሚፈልጉት ተጨማሪ መረጃና ማብራሪያ ካስፈለገዎቻቸውን ጥናት አድራጊ አቶ እንዳልካቸው አስፋውን በስልክ ቁጥር 0918255705 (0975594607) ማግኝት የሚችሉ መሆኑን እጠቁማለሁ።

ለትብብርዎና እርዳታዎ ከልብ እናመሰግናለን።

አቶ እንዳልካቸው አስፋው ስልክ ቁጥር 0918255705 (0975594607)

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ባህርዳር ፣ ኢትዮጵያ

በተሳታፊ የሚሞ ላቅጽ

አጠቃላይ መረጃ

1. የተጠያቂው መለያቁጥር -----
2. መጠይቁ የተካሄደበት ጊዜ ቀን ----- ወር ----- 2012 ዓ.ም

ክፍል 1 የግለሰብ መረጃ

1.1	ዕድሜ	_____	
1.2	ጾታ	1. ወድ 2. ሴት	
1.3	የትምህርት ደረጃ	1. ያላገባ/ች/ 2. ያገባ/ች/ 3. የፈቃድ/ች/ 4. የሞተባ/በ/ት	
1.4	የመጣሽ/ህ/ በትክክል	1. ከተማ 2. ገጠር 3. የገጠር ከተማ	
1.5	1ኛ እና ሁለተኛ ደረጃ ትምህርት የተማሩበት ት/ቤት	1. የመንግስት 2. የግል 3. ሁለቱም	
1.6	ከ ማን ጋር ነ ወይም ምትኖር / ሪ/ወ?	1. ከትምህርት ጋር ጋር 2. ከወላጅ ጋር 3. ከት/ት ጋር ደኛ ጋር 4. ብቻ የን 5. ከዘመድ ጋር	
1.7	ስን ተኛዓ መትተማሪ ነ ሽ/ህ/ ?	1. 1ኛ 2. 2ኛ 3. 3ኛ	
1.8	የአባት ሽ/ህ/የት/ት ደረጃ	1. ያልተማረ 2. 1ኛ ደረጃ 3. 2ኛ ደረጃ 4. ከሌጅና ከዚያ ምስላይ	
1.9	የአባት ሽ/ህ/ ሥራ ምን ድነ ወ?	1. የመንግስት ስራ ተኛ 2. የግል ስራ ተኛ 3. ነ ጋይ 4. ገበሬ 5. ሌላ -----	
1.10	የእናት ሽ/ህ/የት ምስርት ደረጃ	1. ያልተማረች 2. 1ኛ ደረጃ 3. 2ኛ ደረጃ 4. ከሌጅና ከዚያ ምስላይ	
1.11	የእናት ሽ/ህ/ ሥራ ምን ድነ ወ?	1. የመንግስት ስራ ተኛ 2. የግል ስራ ተኛ 3. ነ ጋይ 4. ገበሬ 5. ሌላ -----	

1.12	የቤተሰብሽ/ሀ/የ ወርገ ቢ	-----ብር	
1.13	ትምህርት የጨሽ/ከ/ ውበስተኛክፍልነው	1. በ10ኛ ክፍል 2. በ12ኛ ክፍል	
2.1	የግብረ ሥጋግን ኙነት አድርገሽ/ሀ/ ታወቁያለሽ/ሀ/	1. አዎ 2. የለም	አይደለም ከሆነ ወደ 2 . 5 ይ ሂ ዱ
2.2	አዎከሆነ የመጀመሪያውን የግብረ ሥጋግን ኙነት የፈፀምሽው/ከው/ በስንትዓመት/ሀ/ሽነው?	-----	
2.3	የመጀመሪያ የግብረ ሥጋግን ኙነት ያደረግሽው/ከው/መጭነው?	1. ኮሌጅከመግባት በፊት 2. ኮሌጅከገባህ በኋላ	
2.4	በህይወትዘመንሽከስንትሰውጋር የግብረ ሥጋግን ኙነት ፈፀመሽ/ሀ/ ታወቁያለሽ/ሀ/?	1. አንድ 2. ሁለት 3. ሶስት 4. አራትና ከዚያ በላይ	
2.5	በስነተዋልዶጠና ክለቦችትሳተፈያለሽ/ሀ/	1. አዎ 2. የለም	
2.6	ስለስነተዋልዶጠና ጉዳይከወላጅጋር መወያየት ይቻላል	1. አዎ 2. የለም	
2.7	ከቤተሰብጋር ስለስነተዋልዶጠና ጉዳይ መወያየት አስፈላጊነው?	1. አዎ 2. አይደለም	
2.8	በስነተዋልዶዙሪያ ከወላጅጋር መወያየት ጠቃሚነው	1. አዎ 2. አይደለም	
2.9	ስለስነተዋልዶ በተመለከተ ከማንኛውምሰውጋር ተዋያይተውያውቃሉ	1. አዎ 2. የለም	
2.10	በስነተዋልዶጠና ዙሪያ ከሰዎችጋር ተወያይተሽ/ሀ/ ወይምተነጋግረሽ/ሀ/ ታወቁያለሽ/ሀ/ ?	1. አዎ 2. የለም	
2.11	አዎከሆነ ከማንጋርነውየተወያዩት (ከአንድ በላይ መልስ መምረጥ ይቻላል)	1. አናት 5. መምህር 2. አባት 6. የጠናባለሞያ 3. አህት 7. ሌላ ካለ ይጠቀስ _____ 4. ጓደኛ	
2.12	የስነተዋልዶ አገልግሎት አግኝተውያውቃሉ	1. አዎ 2. የለም	
2.13	አወከሆነ ከ1 በላይ መዘር ዘር ይችላሉ	1.----- 3.----- 2.----- 4.-----	
2.14	የጠናባለ መያዎችተገቢ የሆነ የስነተዋልዶጠና አገልግሎት ይሰጣሉ	1. አዎ 2. የለም	
2.15	በስነተዋልዶጠና ዙሪያ የመረጃ ምንጫሽ/ሀ/ ምንድንነው? (ከአንድ በላይ መልስ መምረጥ ይቻላል)	1. ቤተሰብ 5. ሚዲያ 2. ጓደኛ 6. የስነተዋልዶጠና ክለቦች 3. መምህር 7. ሌላ ካለ ይጠቀስ _____ 4. የጠናባለሞያ	
2.16	ከስነተዋልዶጠና አገልግሎቶች አንዳቸውን ተጠቅመሽ ታወቁያለሽ/ሀ/	1. አዎ 2. ተጠቅሞአላወቅም	
2.17	አግብተሽ/ሀ/ ከሆነ በስንት አመትሽ/ሀ/ነው ወይተዳርሽው/ከው	በ-----ዓመት	

ክፍል 3 ዕ ወቀት

3.1	ወጣቶች በስነ ተዋልዶጠና ዙሪያ መረጃ ማግኘት ይችላሉ	1. ይችላሉ 2. አይችሉም	
3.2	ሁሉም ሌቶች በጠና ተቋም ውስጥ የሚከሄድ ድውር ጃን ጨምሮ ሁሉንም ዓይነት የስነ ተዋልዶጠና አገልግሎት መጠቀም ይችላሉ	1. ይችላሉ 2. አይችሉም	
3.3	ሁሉም ተማሪዎች አዳዲስ የስነ ተዋልዶጠና አገልግሎት ቴክኖሎጂዎችን ማግኘትና መጠቀም ይችላሉ	1. ይችላሉ 2. አይችሉም	
3.4	ያልተጋቡ ፍቅረኛዎች ከኮንዶምኒውሎቶቹን የቤተሰብ ጠባቂ አገልግሎቶች መጠቀም ይችላሉ	1. ይችላሉ 2. አይችሉም	
3.5	ስለ አባላዘር በሽታዎች አወቅና አለሽ/ህ/	1. አዎ 2. የለም	
3.6	አወከሆነ መልስሽ /ህ/ /ከአንድ በላይ መልስ መመለስ ትችያለሽ/ህ/	1. ጨበጥ 2. ኤችአይቪ.ኤድስ 3. ከርከር 4. ቂጥኝ	
3.7	የአባላዘር በሽታዎች መከላከያ መንገዶችን ታወቂለሽ/ህ/	1. አዎ 2. የለም	
3.8	አዎከሆነ መልስሽ ከአንድ በላይ መጥቀስ ይችላሉ	1. መታቀብ 2. ኮንዶም መጠቀም 3. ያልታሰበ የግብረሰጋ ግንኙነት አለ ማድረግ 4. ለጓድኛ መታመን	
3.9	በፍቃድኝነት ላይ የተመሰረተ የኤችአይቪ.ኤድስ ምርመራ መኖሩን መረጃ አለሽ	1. አዎ 2. የለም	
3.10	በፍቃድኝነት ላይ የተመሰረተ የኤችአይቪ.ኤድስ ምርመራ ማግኘት ይፈልጋሉ	1. አዎ 2. የለም	
3.11	በፍቃድኝነት ላይ የተመሰረተ የኤችአይቪ.ኤድስ ምርመራ ማግኘት ጥቅም አለው	1. አዎ 2. የለም	
3.12	የርግዝና መከላከያ ዘዴዎች ይውቃሉ	1. አዎ 2. የለም	
3.13	አዎከሆነ መልስ ምትክ አንድ በላይ መልስ መመለስ ይቻላል	1. መታቀብ 2. ኮንዶም መጠቀም 3. በአፍ የሚወሰድ ኪኒን 4. በመርፌ የሚሰጥ 5. በማህጻን የሚቀበር 6. የዘር ቲዮቪን ቆርጦሚሰር 7. የዘር ፍሬውን ከውጭ ማፍሰስ 8. ሌላ ካለ -----	
3.14	ድንገተኛ የወሊድ መቆጣጠሪያ ዘዴ መኖሩን ይውቃሉ	1. አዎ 2. የለም	
3.15	አዎከሆነ በስንት ሰዓት ይወሰዳል	1. በ72 ሰዓት ውስጥ 2. ከ72 ሰዓት በኋላ	

4.10	የ ስነ ተዋልዶጠና አገልግሎት ስራዎች ብቻን ወይ ማጠቅም	1.በ ጣም እደግፋለሁ 2. እደግፋለሁ 3.አልደግፍም/አልቃወምም 4.እቀዋወማለሁ 5.በ ጣም እቀዋወማለሁ
4.11	የ ስነ ተዋልዶጠና አገልግሎት ማስፋፋት ለወጣቶች አስፈላጊነት ወይ	1.በ ጣም እደግፋለሁ 2. እደግፋለሁ 3.አልደግፍም/አልቃወምም 4.እቀዋወማለሁ 5.በ ጣም እቀዋወማለሁ
4.12	የ ስነ ተዋልዶጠና አገልግሎት ማስፋፋት ያልተፈለገ እርግዝናን ለመከላከል ወይም ለማሳደግ ያደረገው	1.በ ጣም እደግፋለሁ 2. እደግፋለሁ 3.አልደግፍም/አልቃወምም 4.እቀዋወማለሁ 5.በ ጣም እቀዋወማለሁ
4.13	ስለ ወጣቶች የግብረ - ስጋ ግንኙነት ግንዛቤ ማስፈጸም እና እንዲተገብሩት ማድረግ የ ስነ ተዋልዶጠና ማህተም ስለሚያደርግ ወይ	1.በ ጣም እደግፋለሁ 2. እደግፋለሁ 3.አልደግፍም/አልቃወምም 4.እቀዋወማለሁ 5.በ ጣም እቀዋወማለሁ
4.14	ያላገቡ ወጣቶች በስነ ተዋልዶጠና ማህተም ስለሚያደርግ ወይ የ ስነ ተዋልዶጠና ማህተም ስለሚያደርግ	1.በ ጣም እደግፋለሁ 2. እደግፋለሁ 3.አልደግፍም/አልቃወምም 4.እቀዋወማለሁ 5.በ ጣም እቀዋወማለሁ
4.15	ለ ወጣቶች የ ስነ ተዋልዶጠና መረጃ ማግኘት አስፈላጊ አይደለም	1.በ ጣም እደግፋለሁ 2. እደግፋለሁ 3.አልደግፍም/አልቃወምም 4.እቀዋወማለሁ 5.በ ጣም እቀዋወማለሁ
4.16	ወጣቶችን ስለ ስነ ተዋልዶጠና አገልግሎት ማስተማር ለግብረ ስጋ ግንኙነት አደጋ የሆነ ባህሪ ያለው	1.በ ጣም እደግፋለሁ 2. እደግፋለሁ 3.አልደግፍም/አልቃወምም 4.እቀዋወማለሁ 5.በ ጣም እቀዋወማለሁ
4.17	የቤተሰብ ጠቅላይ ማህተም ስለሚያደርግ ወይ የ ስነ ተዋልዶጠና ማህተም ስለሚያደርግ	1.በ ጣም እደግፋለሁ 2. እደግፋለሁ 3.አልደግፍም/አልቃወምም 4.እቀዋወማለሁ 5.በ ጣም እቀዋወማለሁ
4.18	የቤተሰብ ጠቅላይ ማህተም ስለሚያደርግ ወይ የ ስነ ተዋልዶጠና ማህተም ስለሚያደርግ	1.በ ጣም እደግፋለሁ 2. እደግፋለሁ 3.አልደግፍም/አልቃወምም 4.እቀዋወማለሁ 5.በ ጣም እቀዋወማለሁ
4.19	ድንገተኛ ወይም ያልታሰበ ስነ ግብረ ስጋ ግንኙነት ስለሚከሰት ለማሳደግ ወይም ለመቆጣጠር ያለው	1.በ ጣም እደግፋለሁ 2. እደግፋለሁ

		3.አልደግፍም/አልቃወምም	
4.20	የወጣቶች የአቻለ አቻየ ስነ ተዋልዶጠና አገልግሎት የአባላዘር በሽታዎችን ኤችአይቪኤድስን ጨምሮ ለመከላከል ይጠቅማል	1.በጣም እደግፋለሁ 2.እደግፋለሁ 3.አልደግፍም/አልቃወምም 4.እቀዋወማለሁ 5.በጣም እቀዋወማለሁ	

Declaration

I the under signed declared that this is my original work has never been presented in this or any other University, and that all the resource and materials used for the research, have been fully acknowledged.

Principal investigation

Name -----

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Date-----

Advisor

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Advisor

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Internal Evaluators of Thesis

Name-----

Signature-----

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External Evaluators of Thesis

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